NORSELAND NURSING HOME 323 BLACK RIVER ROAD

WESTBY 54667 Phone: (608) 634-374	7	Ownership:	City
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/02):	59	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	59	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	58	Average Daily Census:	58

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/02)	Length of Stay (12/31/02)	엉
Home Health Care	No	Primary Diagnosis	%	 Age Groups	o ₀	Less Than 1 Year	20.7
Supp. Home Care-Personal Care	No					1 - 4 Years	51.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	27.6
Day Services	No	Mental Illness (Org./Psy)	37.9	65 - 74	0.0		
Respite Care	No	Mental Illness (Other)	1.7	75 - 84	29.3		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	55.2	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	15.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.7			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	13.8	65 & Over	100.0		
Transportation	No	Cerebrovascular	10.3			RNs	11.7
Referral Service	No	Diabetes	3.4	Sex	%	LPNs	5.7
Other Services	No	Respiratory	1.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	29.3	Male	29.3	Aides, & Orderlies	38.9
Mentally Ill	No			Female	70.7		
Provide Day Programming for		1	100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care		I	Managed Care			
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	1	2.3	125	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Skilled Care	1	100.0	411	40	90.9	106	0	0.0	0	12	100.0	133	0	0.0	0	1	100.0	360	54	93.1
Intermediate				3	6.8	87	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	5.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		44	100.0		0	0.0		12	100.0		0	0.0		1	100.0		58	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12	/31/02
Deaths During Reporting Period							
		1			% Needing		Total
Percent Admissions from:		Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	18.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		13.8	86.2	58
Other Nursing Homes	3.0	Dressing	13.8		56.9	29.3	58
Acute Care Hospitals	69.7		34.5		44.8	20.7	58
Psych. HospMR/DD Facilities	0.0	Toilet Use	19.0		44.8	36.2	58
Rehabilitation Hospitals	0.0	Eating	50.0		39.7	10.3	58
Other Locations	9.1	* * * * * * * * * * * * * * * * * * *	*****	****	******	******	*****
Total Number of Admissions	33	Continence		용	Special Treatm	ents	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	3.4	Receiving Re	spiratory Care	5.2
Private Home/No Home Health	18.2	Occ/Freq. Incontinen	t of Bladder	53.4	Receiving Tr	acheostomy Care	0.0
Private Home/With Home Health	21.2	Occ/Freq. Incontinen	t of Bowel	22.4	Receiving Su	ctioning	0.0
Other Nursing Homes	3.0				Receiving Os	tomy Care	3.4
Acute Care Hospitals	0.0	Mobility			Receiving Tu	be Feeding	1.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	1.7	Receiving Me	chanically Altered Diet	s 19.0
Rehabilitation Hospitals	0.0						
Other Locations	3.0	Skin Care			Other Resident	Characteristics	
Deaths	54.5	With Pressure Sores		1.7	Have Advance	Directives	98.3
Total Number of Discharges		With Rashes		5.2	Medications		
(Including Deaths)	33				Receiving Ps	ychoactive Drugs	31.0

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:			
	This	Gove	ernment	50	-99	Ski	lled	Al	1	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities	
	90	%	Ratio	엉	Ratio	양	Ratio	ଚ	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	98.3	86.3	1.14	83.5	1.18	83.3	1.18	85.1	1.15	
Current Residents from In-County	82.8	75.8	1.09	72.9	1.14	75.8	1.09	76.6	1.08	
Admissions from In-County, Still Residing	36.4	27.1	1.34	22.2	1.64	22.0	1.65	20.3	1.79	
Admissions/Average Daily Census	56.9	96.4	0.59	110.2	0.52	118.1	0.48	133.4	0.43	
Discharges/Average Daily Census	56.9	98.7	0.58	112.5	0.51	120.6	0.47	135.3	0.42	
Discharges To Private Residence/Average Daily Census	22.4	41.6	0.54	44.5	0.50	49.9	0.45	56.6	0.40	
Residents Receiving Skilled Care	94.8	91.9	1.03	93.5	1.01	93.5	1.01	86.3	1.10	
Residents Aged 65 and Older	100	87.8	1.14	93.5	1.07	93.8	1.07	87.7	1.14	
Title 19 (Medicaid) Funded Residents	75.9	67.7	1.12	67.1	1.13	70.5	1.08	67.5	1.12	
Private Pay Funded Residents	20.7	19.7	1.05	21.5	0.96	19.3	1.07	21.0	0.98	
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.7	0.00	7.1	0.00	
Mentally Ill Residents	39.7	47.5	0.84	39.0	1.02	37.7	1.05	33.3	1.19	
General Medical Service Residents	29.3	15.9	1.84	17.6	1.66	18.1	1.62	20.5	1.43	
Impaired ADL (Mean)	56.9	47.8	1.19	46.9	1.21	47.5	1.20	49.3	1.15	
Psychological Problems	31.0	56.9	0.55	54.6	0.57	52.9	0.59	54.0	0.57	
Nursing Care Required (Mean)	4.5	5.9	0.77	6.8	0.67	6.8	0.67	7.2	0.63	